

1471

FACILITY NAME: IAD000819110
LOCATION: SQUARE D CO
RCRA ID #: 3700 6TH ST SW
CEDAR RAPIDS-IA-52404

12/2/94

**IMPACT OF FLOOD AND RAIN QUESTIONNAIRE
RCRA PROGRAM**

1. Is this facility located within approximately 1/2 mile of a river, creek or stream? YES or NO? If YES, what is the name if known? _____

2. Are there any visual signs that the facility was affected by flood waters? YES or NO? If YES, describe: _____

3. NO? Was the facility damaged by the flood water or rain? YES or NO? If YES, generally describe the damage. _____

IF THE ANSWER TO QUESTION #3 IS NO, STOP HERE.

4. Was there any damage to inventories, products or waste at the facility that would have caused the facility to generate hazardous waste? YES or NO?

5. Were there any release of hazardous material as a result of the flooding? YES or NO? If yes, describe: _____

6. If the answer to question #5 is YES, has remedial activity occurred to address the releases? YES or NO? If YES, describe: _____

7. Were there any circumstances (e.g. design criteria) or actions that the facility took that were useful in preventing potential releases or generation of hazardous materials? YES or NO? For the purpose of this question, we are looking for the "lessons learned" that may be useful in future guidance, etc. If YES, describe: _____



R00352708
RCRA RECORDS CENTER

RCRA FILE COPY
IAD000819110
DOCUMENT # 538

FACILITY NAME: _____
LOCATION: _____
RCRA ID #: _____

IF THE ANSWER TO QUESTION #4 IS NO, STOP HERE.

8. Is the facility currently storing hazardous waste generated as a result of the flood? YES or NO? Is the storage area located inside or outside or both? INSIDE (I), OUTSIDE (O) or BOTH (B)? Describe the type and amount of hazardous waste in storage.

TYPE	AMOUNT	I, O or B
Examples:		
Contaminated MEK	2 - 55 gal. Drums	O (Outside)
Cleaning Products	6 spray bottles	I (Inside)

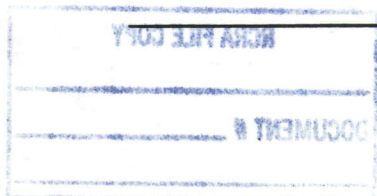
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Did the facility generate hazardous waste as a result of the flood that was subsequently sent off-site? YES or NO? Describe the type and amount of hazardous waste generated.

TYPE	AMOUNT
Examples:	
Contaminated MEK	2 - 55 gal. Drums
Cleaning Products	6 spray bottles

_____	_____
_____	_____
_____	_____
_____	_____

OTHER COMMENTS:



Last Revised: 1/25/91

Time to complete screening: ^{10:50-12:05} 1.25 hr

RCRA SCREENING CHECKLIST

Inspector: MICHAEL MAY Primary Media: _____

Date: 12/2/94

IAD000819110

Facility: _____

SQUARE D CO

Facility Address: _____

3700 6TH ST SW

CEDAR RAPIDS-IA-52404

Phone (319) 369-6433

Contact/Title: JAMES C. JENSEN / LOSS CONTROL SPECIALIST

SIC #: _____

Process: MANUFACTURE OF CIRCUIT BREAKERS

Office Questions:-----

1) Facility description ONE STORY manufacturing & attached 2-story offices & engineering space

2) Does facility have an EPA ID number? Yes ☒ No ☒ # SAME

3) What Chemical and/or Industrial Waste (CIW) streams are generated? (list: Name, Amount generated/month, Final disposition)

Xylene-laden rags, 6 gal/month, incineration (Hydrite-Cottage Grove, WI);
Paint/thinner waste, 18 gal/month, offsite fuel recovery (Hydrite-Cottage Grove, WI);
parts cleaning solvent, 55 gal/month, offsite recycling (SAFETY-KLEEN-Davenport, IA);
used oil, 138 gal/month, recycled offsite (SAFETY-KLEEN-Davenport, IA);
used batteries, 40/yr, offsite recycling (Alter);

4) Does the facility classify any of their CIW's as hazardous waste (HW)? Yes ☒ (please note which ones are classified as HW)

No ☐ Xylene-laden rags, paint/thinner waste, parts cleaning solvent, lab pack chemicals, PCB ballasts

5) Does the facility conduct any of the following on-site activities: Treatment/Recycling/Burning/Open Dumping
/Landfills/Surface Impoundments? Describe: _____

Neutralize acids & caustics prior to severity

Field Observations:-----

6) Are CIW/HW stored on-site? Yes ☒ No ☐

Describe (material, approximate quantity, storage method): xylene-laden rags,

2.5 gal onsite in 35 gallon accumulation drum; paint/thinner waste, 45 gal onsite in

used oil, 330 gal in 55 gal drums; used batteries, 27 onsite; lab pack chemicals, 825 gals

7) Describe condition of storage containers/tanks (open, damaged, unlabeled, leaking, etc.): all containers labeled,

undamaged, + closed.

8) Are incompatible wastes stored together (acids, bases, solvents, cyanides)? Yes ☐ No ☒ Describe: _____

9) Are there any signs of past spills/releases (dead or stressed vegetation, ground discoloration, stains)? Yes ☐ No ☒

Describe: _____

10) Do any of the on-site Chemical and/or CIW/HW management practices concern you? Yes ☐ No ☒ Describe: _____

11) Recommendations and/or Additional Observations: A site inspection

was performed and 22 1993 manifests copies were taken.

PHOTOS OF THE FRONT OF THE FACILITY AND ITS ASSOCIATED

WASTE STORAGE WERE DESTROYED @ THE PHOTO PROCESSOR.

continued
on back
side

labeled rags,
stored in a
steel cabinet
PCB ballasts
330 gal/yr
stored in 55-
gal drums

#3 CONTINUED

LAB PACK CHEMICALS, 69 gal/month incinerated; PCB ballasts, 55 gal/month disposed
offsite (Dynex - Farmington Hills, MN)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.
IA 000819110

Manifest Document No.
01178

2. Page 1 of 1
Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

SQUARE D CO
4700 5TH ST NW
CEDAR RAPIDS IA 52404-2603

4. Generator's Phone (319) 366-4031

5. Transporter 1 Company Name

SAFETY-KLEEN CORP.

6. US EPA ID Number

IL0 053060408

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

SAFETY-KLEEN CORP.
3030 WEST HAWK STREET
DAVENPORT IA 52806

10. US EPA ID Number

5-047-01

IA 098027512

A. State Manifest Document Number

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone 319 366-3024

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

319 366-3024

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

I. Waste No.

a. x (Hazardous Waste) COMBUSTIBLE LIQUID, N.O.S.
(DANGEROUS SPIRITS) NA1993 PC11 (2001)
(190027)

9

DM

100

G

0001

0039

b.					
c.					
d.					

J. Additional Descriptions for Materials Listed Above

11(A) 0018

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

3302 49010523 564540 5-047-01-3360 0608
IF UNDELIVERABLE, RETURN TO GENERATOR FOR RECYCLE
EMERGENCY RESPONSE 8708-068-4660 24HR.
SKDOTS A: 501 B: C: D:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

RICHARD R KELLY

Signature

Signature of Richard R Kelly

Date
Month Day Year
1 12 93

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

KEVEN MARPLE

Signature

Signature of Keven Marple

Date
Month Day Year
1 12 93

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date
Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Date
Month Day Year

SAFETY-KLEEN CORP.

5-047-01

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-94

**UNIFORM HAZARDOUS
WASTE MANIFEST**1. Generator's US EPA ID No.
IAD 000819110

Manifest Document No.

01179

2. Page 1
of 1Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

SQUARE D CO
3700 6TH ST SW
CEDAR RAPIDS

IA 52404-5403

4. Generator's Phone (319) 365-4631

5. Transporter 1 Company Name

SAFETY-KLEEN CORP.

6. US EPA ID Number

ILD 051060408

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

SAFETY-KLEEN CORP.
3035 WEST 73RD STREET
DAVENPORT

5-047-01

IA 52805

10. US EPA ID Number

IAD 098027592

A. State Manifest Document Number

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone 319 386-3024

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

319 386-3024

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)

12. Containers

No.

Type

13. Total
Quantity14. Unit
Wt/Vol

1. Waste No.

HM

a. X RQ WASTE COMPOUNDS, CLEANING LIQUID
(MONOETHANOLAMINE) 8 NA1750 PGIII
(D008) (ERG#60)

1

DM

5

G

D006

D018

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

I(A) D039 D040

(A) D021 D027 D007 D008

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information 9304 49549702 836054 5-047-01-3360 0508
IF UNDELIVERABLE, RETURN TO GENERATOR FOR RECYCLE
EMERGENCY RESPONSE#708-888-4660 24HR.
SKDOT# A: 566 B: C: D:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable International and national government regulations.

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Printed/Typed Name

RICHARD R KELLY

Signature

Richard R Kelly

Date

Month Day Year

1 26 93

Date

Month Day Year

1 26 93

Date

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

KEVIN MARPLE

Signature

Kevin Marple

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

DANIS M. SHANNON

Signature

Danis M. Shannon

Month Day Year

12 1 26 93

SAFETY-KLEEN CORP.



STATE OF WISCONSIN

Chapter 144, Wis. Stats.
Form 4400-66P

Rev. 12-91

State of Wisconsin
Department of Natural Resources
Bureau of Solid Waste Mgt.
Box 8094
Madison, Wisconsin 53708

FOR DNR USE ONLY

Please print or type. Form designed for use on elite (12-pitch) typewriter.

Form Approved. OMB No. 2050-0039. Expires 9-30-92

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. IAD000819110M	Manifest Document No. 0111810	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address SQUARE D COMPANY 3700 6TH ST. SW CEDAR RAPIDS, IA 52406			A. State Manifest Document Number WI J364208		
4. Generator's Phone (319) 365-4631			B. State Generator's ID		
5. Transporter 1 Company Name HYDRITE CHEMICAL CO.			C. State Transporter's ID		
6. US EPA ID Number IAT200010593			D. Transporter's Phone 319-232-9731		
7. Transporter 2 Company Name Rainbow Light Systems Inc.			E. State Transporter's ID		
8. US EPA ID Number WID988669830			F. Transporter's Phone 866-677-7919		
9. Designated Facility Name and Site Address HYDRITE CHEMICAL CO. 114 N. MAIN STREET COTTAGE GROVE, WI. 53527			G. State Facility's ID		
10. US EPA ID Number WID000808824			H. Facility's Phone 608-267-1414		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE XYLENE FLAMMABLE LIQUID UN1307		1	DM	G	F 0 0 3
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above A) D001, D018			K. Handling Codes for Wastes Listed Above DM-DRUM G-GALLONS		
15. Special Handling Instructions and Additional Information AUTH#A1492-G-51595 AVOID INHALATION AND INGESTION					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name & Position Title		Signature		Date	
Tanner, J. / [illegible]		[Signature]		02/04/93	
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name & Position Title		Signature		Date	
Mike Schneider driver		[Signature]		01/04/93	
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name & Position Title		Signature		Date	
Steve Drummer driver		[Signature]		02/04/93	
19. Discrepancy Indication Space					
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name & Position Title		Signature		Date	
Greg Sheddy Warehouse		[Signature]		02/10/93	

PA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

Copy Distribution:

1 - Generator send to Wis. DNR

4 - Facility retain

2 - Generator retain

5 - Facility send to Generator

3 - Facility send to Wis. DNR

6 - Transporter retain

Emergency 24 Hour Assistance Telephone Number

In Wisconsin (608) 266-3232

Outside Wisconsin (800) 424-8802

COPY 5 - Copies 1 & 3 mail to Wis. DNR at above address.

FACILITY SEND TO GENERATOR

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. IAD 000819110		Manifest Document No. 01181		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.							
3. Generator's Name and Mailing Address SQUARE D CO 3700 6TH ST SW CEDAR RAPIDS IA 52404-5403 Generator's Phone (319) 365-4631						A. State Manifest Document Number									
4. Generator's Phone (319) 365-4631						B. State Generator's ID									
5. Transporter 1 Company Name SAFETY-KLEEN CORP.				6. US EPA ID Number ILD 051060403		C. State Transporter's ID									
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone 319 386-3024									
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 3035 WEST 73RD STREET DAVENPORT IA 52806						10. US EPA ID Number 5-047-01 IAD 098027592		E. State Transporter's ID							
						F. Transporter's Phone		G. State Facility's ID							
						H. Facility's Phone 319 386-3024									
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.			
a. X (MINERAL SPIRITS) NA1993 PGIII (D001) (ERG#27)						10 DM		106		G		D001 D039			
b.															
c.															
d.															
J. Additional Descriptions for Materials Listed Above I (A) D018						K. Handling Codes for Wastes Listed Above									
15. Special Handling Instructions and Additional Information 9306 50167998 003449 5-047-01-3360 0508 IF UNDELIVERABLE, RETURN TO GENERATOR FOR RECYCLE EMERGENCY RESPONSE #708-888-4660 24HR. SKDOT# A: 501 B: C: D:															
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Printed/Typed Name RICHARD R KELLY						Signature Richard R Kelly						Date Month Day Year 2 8 93			
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name KEVIN MARPLE						Signature Kevin Marple		Date Month Day Year 2 8 93	
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name						Signature		Date Month Day Year	
19. Discrepancy Indication Space															
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.															
Printed/Typed Name Dennis M. Shannon						Signature Dennis M. Shannon						Date Month Day Year 10 21 08 193			

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. T A D 0 0 0 8 1 9 1 1 0 0 1 1 8 2	Manifest Document No. T A D 0 0 0 8 1 9 1 1 0 0 1 1 8 2	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address SQUARE D CO 3700 SIXTH STREET SW CEDAR RAPIDS, IA 52406		6. US EPA ID Number C A D 9 8 0 5 8 4 5 1 0		A. State Manifest Document Number (602) 233-9166	
4. Generator's Phone (319) 365-4631		8. US EPA ID Number		B. State Generator's ID	
5. Transporter 1 Company Name CKC INC		10. US EPA ID Number		C. State Transporter's ID	
7. Transporter 2 Company Name				D. Transporter's Phone 408-627-2595	
9. Designated Facility Name and Site Address WORLD RESOURCES COMPANY 8113 WEST SHERMAN STREET PHOENIX, ARIZONA 85043				E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone 602-233-9166	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. RQ, HAZARDOUS WASTE SOLID, NO.O.S. ORM-E, NA9189 (F006)		0 0 2	B A	0 0 0 0 2	Y F006
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above RQ-10		K. Handling Codes for Wastes Listed Above BA = BAG Y = CU. YD.			
15. Special Handling Instructions and Additional Information WEAR GLOVES AND GOGGLES WHEN HANDLING EMERGENCY RESPONSE NO. 1-800-424-9300 CHEMTREC					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name RICHARD R KELLY		Signature Richard R Kelly		Month Day Year 10/30/93	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature David D. Beance		Month Day Year 10/30/93	
Printed/Typed Name DAVID D. BEANCE		Signature		Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name HAROLD E HENRY		Signature Harold E Henry		Month Day Year 10/31/93	

Please print or type. (Form designed for use on elite (pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. IAD 000819110		Manifest Document No. 01183		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
		3. Generator's Name and Mailing Address SQUARE D CO 3700 6TH ST SW CEDAR RAPIDS IA 52404-5403 Generator's Phone (319) 365-4631		6. US EPA ID Number IAD 051060408		A. State Manifest Document Number		B. State Generator's ID	
5. Transporter 1 Company Name SAFETY-KLEEN CORP.		7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID		D. Transporter's Phone 319 386-3024	
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 3035 WEST 73RD STREET DAVENPORT IA 52806		10. US EPA ID Number 5-047-01 IAD 098027592		12. Containers		13. Total Quantity		14. Unit Wt/Vol	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol		I. Waste No.	
a. HM X WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001) (ERG#27)		12. Containers 10 DM		13. Total Quantity 101		14. Unit Wt/Vol G		D001 D039	
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above I(A) D018		K. Handling Codes for Wastes Listed Above							
15. Special Handling Instructions and Additional Information 9310 51345155 331973 5-047-01-3360 0508 IF UNDELIVERABLE, RETURN TO GENERATOR FOR RECYCLE EMERGENCY RESPONSE#708-888-4660 24HR. SKDOT# A: 501 B: C: D:									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name RICHARD R KELLY		Signature Richard R Kelly		Date 3/9/93					
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature Kevin Marple		Date 3/9/93					
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date					
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name Dennis M. Shannon		Signature Dennis M. Shannon		Date 10/30/93					

ORIGINAL-RETURN TO GENERATOR



STATE OF WISCONSIN
Chapter 144, Wis. Stats.
Form 4400-66P

Rev. 12-91

State of Wisconsin
Department of Natural Resources
Bureau of Solid Waste Mgt.
Box 8094
Madison, Wisconsin 53708

FOR DNR USE ONLY

Please print or type. Form designed for use on elite (12-pitch) typewriter.

Form Approved. OMB No. 2050-0039. Expires 9-30-92

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. IAD000819110		Manifest Document No. 01184		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address Square D Co. 3700 6th St. S.W. Cedar Rapids, IA 52406 4. Generator's Phone (319) 365-4631 Emergency Phone: 319 365-4631						A. State Manifest Document Number WI J364297							
5. Transporter 1 Company Name Hydrite Chemical Co.						B. State Generator's ID							
7. Transporter 2 Company Name						C. State Transporter's ID							
9. Designated Facility Name and Site Address Hydrite Chemical Co. 114 N. Main Street Cottage Grove, WI 53527						D. Transporter's Phone 319 232-9731							
6. US EPA ID Number IAT 200010593						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
10. US EPA ID Number WID 000808824						G. State Facility's ID							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						H. Facility's Phone 606 257-1414							
a. RQ, Waste flammable solid, N.O.S. (contains xylene), flammable solid, UN1325, (F003)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		I. Waste No.	
b.						2 D M		60 G				F 0 0 3	
c.													
d.													
J. Additional Descriptions for Materials Listed Above A.) D001, D018						K. Handling Codes for Wastes Listed Above G = GALL DM = Drum							
15. Special Handling Instructions and Additional Information Auth # A 105724-G-52317													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name & Position Title RICHARD R KELLY TRAFFIC MANAGER						Signature Richard R Kelly		Date Month Day Year 03 11 93					
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials						Signature James C. Boeckman		Date Month Day Year 03 11 93					
Printed/Typed Name & Position Title James C. Boeckman Driver						Signature James C. Boeckman		Date Month Day Year 03 11 93					
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials						Signature		Date Month Day Year					
Printed/Typed Name & Position Title													
19. Discrepancy Indication Space													
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name & Position Title						Signature		Date Month Day Year					


STATE OF WISCONSIN
 Chapter 144, Wis. Stats.
 Form 4400-66P

Rev. 12-91

 State of Wisconsin
 Department of Natural Resources
 Bureau of Solid Waste Mgt.
 Box 8094
 Madison, Wisconsin 53708

FOR DNR USE ONLY

Please print or type. Form designed for use on elite (12-pitch) typewriter.

Form Approved. OMB No. 2050-0039. Expires 9-30-92

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. IAD000819110		Manifest Document No. 0111814		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address Square D Co. 3700 6th St. S.W. Cedar Rapids, IA 52406						A. State Manifest Document Number WI J364297							
4. Generator's Phone (319) 365-4631 Emergency Phone: 319 365-4631						B. State Generator's ID							
5. Transporter 1 Company Name Hydrite Chemical Co.						C. State Transporter's ID							
6. US EPA ID Number IAT 200010593						D. Transporter's Phone 319 232-9731							
7. Transporter 2 Company Name <i>Rainbow Freight Systems Inc</i>						E. State Transporter's ID							
8. US EPA ID Number <i>WID 988669530</i>						F. Transporter's Phone 1-800-631-7929							
9. Designated Facility Name and Site Address Hydrite Chemical Co. 114 N. Main Street Cottage Grove, WI 53527						G. State Facility's ID							
10. US EPA ID Number WID 000808824						H. Facility's Phone 606 257-1414							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		I. Waste No.	
a. RQ, Waste flammable solid, N.O.S. (contains xylene), flammable solid, UN1325, (F003)						2		DM				F 0 0 3	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above							
A.) D001, D018						G = GAZ DM = Drum							
15. Special Handling Instructions and Additional Information													
Auth # A 105724-G-52317													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment;													
OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name & Position Title						Signature						Date	
RICHARD HILLEY Traffic Manager						[Signature]						Month Day Year 10/1/93	
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials						Signature						Date	
Printed/Typed Name & Position Title						Signature						Date	
James C. Beckman Driver						James C. Beckman						Month Day Year 03/1/93	
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials						Signature						Date	
Printed/Typed Name & Position Title						Signature						Date	
C. McCallum ASA DRIVER						[Signature]						Month Day Year 03/16/93	
19. Discrepancy Indication Space													
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name & Position Title						Signature						Date	
Greg Shedin Warehouse						[Signature]						Month Day Year 03/17/93	

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

Copy Distribution:

- 1 - Generator send to Wis. DNR
-
- 2 - Generator retain
-
- 3 - Facility send to Wis. DNR

- 4 - Facility retain
-
- 5 - Facility send to Generator
-
- 6 - Transporter retain

Emergency 24 Hour Assistance Telephone Number

 In Wisconsin (608) 266-3232
 Outside Wisconsin (800) 424-8802

COPY 5 - Copies 1 & 3 mail to Wis. DNR at above address.

FACILITY SEND TO GENERATOR

Please print or type. (Form designed for use on ☐ dot-matrix pitch typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. IAD 000819110		Manifest Document No. 01185		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address SQUARE D CO 3700 6TH ST SW CEDAR RAPIDS IA 52404-5403 Generator's Phone (319) 365-4631						A. State Manifest Document Number							
5. Transporter 1 Company Name SAFETY-KLEEN CORP.						6. US EPA ID Number ILD 051060408							
7. Transporter 2 Company Name						8. US EPA ID Number							
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 3035 WEST 73RD STREET DAVENPORT IA 52806						10. US EPA ID Number 5-047-01 IAD 098027592							
D. Transporter's Phone 319 386-3024						E. State Transporter's ID							
F. Transporter's Phone						G. State Facility's ID							
H. Facility's Phone 319 386-3024													
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. X WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001) (ERG#27)						No. Type				G		D001 D039	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above I(A) D018						K. Handling Codes for Wastes Listed Above							
15. Special Handling Instructions and Additional Information 9314 52462199 661352 5-047-01-3360 0508 IF UNDELIVERABLE, RETURN TO GENERATOR FOR RECYCLE EMERGENCY RESPONSE#708-888-4660 24HR. SKDOT# A: 501 B: C: D:													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name RICHARD R KELLY						Signature ON BEHALF OF SKD Richard R Kelly				Date Month Day Year 04/07/93			
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature Johnnie Ferrel				Date Month Day Year 04/07/93			
18. Transporter 2 Acknowledgement of Receipt of Materials						Signature				Date Month Day Year			
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name Dennis M. Garrison						Signature DMA				Date Month Day Year 04/07/93			

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. IAD 000819110		Manifest Document No. 01186		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.							
3. Generator's Name and Mailing Address SQUARE D CO 3700 6TH ST SW CEDAR RAPIDS IA 52404-5403						A. State Manifest Document Number									
4. Generator's Phone (319) 365-4631						B. State Generator's ID									
5. Transporter 1 Company Name SAFETY-KLEEN CORP.				6. US EPA ID Number ILD 051060408		C. State Transporter's ID									
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone 319 386-3024									
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 3035 WEST 73RD STREET DAVENPORT IA 52806				10. US EPA ID Number 5-047-01		E. State Transporter's ID									
				10. US EPA ID Number IAD 098027592		F. Transporter's Phone									
						G. State Facility's ID									
						H. Facility's Phone 319 386-3024									
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total		14. Unit		15. Waste No.			
a. RM WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001) (ERG#27)						No. Type		Quantity		Wt/Vol		Waste No.			
b. X						9 DM		99		G		D001 D039			
c.															
d.															
J. Additional Descriptions for Materials Listed Above I (A) D018						K. Handling Codes for Wastes Listed Above									
15. Special Handling Instructions and Additional Information 9318 53587267 991084 5-047-01-3360 0508 IF UNDELIVERABLE, RETURN TO GENERATOR FOR RECYCLE EMERGENCY RESPONSE #708-888-4660 24HR. SKDOT# A: 501 B: C: D:															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.															
Printed/Typed Name RICHARD R KELLY						Signature <i>Richard R Kelly</i>						Date Month Day Year 5 14 1993			
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name KEVIN MARPLE						Signature <i>Kevin Marple</i>		Date Month Day Year 5 14 1993	
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name						Signature		Date Month Day Year	
19. Discrepancy Indication Space															
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.															
Printed/Typed Name Dennis M. Shannon						Signature <i>Dennis M. Shannon</i>						Date Month Day Year 10 5 1993			

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
		I A D 0 0 0 8 1 9 1 1 0		C 1 1 8 7					
3. Generator's Name and Mailing Address SQUARE D COMPANY 3700 Sixth Street SW Cedar Rapids IA 52406		4. Generator's Phone (319) 365-4631		5. Transporter 1 Company Name C.K.C., Incorporated		6. US EPA ID Number C A D 9 8 0 5 8 4 5 1 0		A. State Manifest Document Number	
								B. State Generator's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		9. Designated Facility Name and Site Address World Resources Company 8113 West Sherman Street Phoenix, Arizona 85043		10. US EPA ID Number A Z D 9 8 0 7 3 5 5 0 0		C. State Transporter's ID 410347	
								D. Transporter's Phone (408) 627-2595	
								E. State Transporter's ID	
								F. Transporter's Phone	
								G. State Facility's ID	
								H. Facility's Phone (602) 233-9166	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol		I. Waste No.	
a. RQ, Hazardous waste, solid, n.o.s., ORH-E (F006), 9, NA 9189, 111 NA 9189		0013 B A		000003		Y		F006	
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above							
RQ-10		BA = BAG Y = C4. YARD 01							
15. Special Handling Instructions and Additional Information *** 24 HOUR EMERGENCY RESPONSE: 1-(800) 424-9300 CHEMTREC *** WEAR GOGGLES AND GLOVES									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name RICHARD R. KELLY		Signature Richard R Kelly		Month Day Year 10/28/93					
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name Dennis Portney		Signature Dennis Portney		Month Day Year 10/28/93			
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Month Day Year			
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name HAROLD E HENRY		Signature Harold E Henry		Month Day Year 10/30/93					

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. IAD 000819110		Manifest Document No. 01188		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
		3. Generator's Name and Mailing Address SQUARE D CO 3700 6TH ST SW CEDAR RAPIDS IA 52404-5403		A. State Manifest Document Number		B. State Generator's ID			
4. Generator's Phone (319 365-4631)		5. Transporter 1 Company Name SAFETY-KLEEN CORP.		6. US EPA ID Number ILD 051060408		C. State Transporter's ID		D. Transporter's Phone 319 386-3024	
7. Transporter 2 Company Name		8. US EPA ID Number		E. State Transporter's ID		F. Transporter's Phone			
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 3035 WEST 73RD STREET DAVENPORT IA 52806		10. US EPA ID Number 5-047-01		G. State Facility's ID		H. Facility's Phone 319 386-3024			
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)				12. Containers		13. Total Quantity		14. Unit Wt/Vol	
a. HM WASTE COMBUSTIBLE LIQUID, N.D.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001) (ERG27) 6.7 LBS./GAL				No. Type 9 DM		101		D001 D039	
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above I(A) D018				K. Handling Codes for Wastes Listed Above					
15. Special Handling Instructions and Additional Information 9322 54694815 319547 5-047-01-3360 0508 IF UNDELIVERABLE, RETURN TO GENERATOR FOR RECYCLE EMERGENCY RESPONSE 708-888-4660 24HR. SKDOT# A: 501 B: C: D:									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name RICHARD R KELLY				Signature <i>Richard R Kelly</i>		Date 6/1/93			
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name KEVIN MARPLE		Signature <i>Kevin Marple</i>		Date 6/1/93	
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name DEANIS M. SHANNON				Signature <i>Deanis M. Shannon</i>		Date 6/1/93		SAFETY-KLEEN CORP.	



STATE OF WISCONSIN
Chapter 144, Wis. Stats.
Form 4400-66P

Rev. 12-91

State of Wisconsin
Department of Natural Resources
Bureau of Solid Waste Mgt.
Box 8094
Madison, Wisconsin 53708

FOR DNR USE ONLY

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Form Approved. OMB No. 2050-0039. Expires 9-30-92

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. IAD000919110	Manifest Document No. 011189	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address SQUARE D CO. 3700 6TH ST. SW CUMBERLAND, IA 52406		4. Generator's Phone (319) 365-4631 FAX (319) 365-4631		A. State Manifest Document Number WI J354298	
5. Transporter 1 Company Name HYDRITE CHEMICAL CO		6. US EPA ID Number IAN IAT2000 10593		B. State Generator's ID	
7. Transporter 2 Company Name Hydrite Chemical Co		8. US EPA ID Number WIX94100137		C. State Transporter's ID	
9. Designated Facility Name and Site Address HYDRITE CHEMICAL CO. 114 N. MAIN ST. OUTAGE GROVE, WI 53527		10. US EPA ID Number WID 00000824		D. Transporter's Phone 319-232-9731	
				E. State Transporter's ID	
				F. Transporter's Phone (608) 714-1224	
				G. State Facility's ID	
				H. Facility's Phone 606-257-1414	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. HQ, WASTE FLAMMABLE SOLID, N.O.S. (CONTAINS XYLENE), FLAMMABLE SOLID, UN 1325, (PO3)		092	DM	44.44	
b. WASTE XYLENE FLAMMABLE LIQUID UN 1307 (PO3) (PO1000)		201	DM	1.0000	
c. HAZARDOUS WASTE, SOLID, N.O.S., UN 1912, NA 9189 (PO2)		001	DM	0.0035	
d.					
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
A-B, D001, D018 (C) D028, D040		IM = DRUM			
15. Special Handling Instructions and Additional Information AUTH #A 1492-G-54324 AUTH #B 1492-G-54318 AUTH #C 10572-G-54377					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name & Position Title James C Jensen		Signature James C Jensen		Date 06/17/91	
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials		Signature		Date	
Printed/Typed Name & Position Title		Signature		Date	
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials		Signature		Date	
Printed/Typed Name & Position Title Richard E. Odenbreit		Signature Richard E. Odenbreit		Date 6/28/91	
19. Discrepancy Indication Space					
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name & Position Title John Baukin Warehouse		Signature John Baukin		Date 06/28/91	

EPA Form 8700-22 (Rev. 9-88) Previous editions are obsolete.

Copy Distribution:

1 - Generator send to Wis. DNR

4 - Facility retain

2 - Generator retain

5 - Facility send to Generator

3 - Facility send to Wis. DNR

6 - Transporter retain

Emergency 24 Hour Assistance Telephone Number

In Wisconsin (608) 266-3232

Outside Wisconsin (800) 424-8802

COPY 5 - Copies 1 & 3 mail to Wis. DNR at above address.

FACILITY SEND TO GENERATOR

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. IAD 000819110		Manifest Document No. 01190		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
		3. Generator's Name and Mailing Address SQUARE D CO 3700 6TH ST SW CEDAR RAPIDS IA 52404-5403		6. US EPA ID Number ILD 984908202		A. State Manifest Document Number		B. State Generator's ID	
4. Generator's Phone (319) 365-4631		7. Transporter 1 Company Name SAFETY-KLEEN CORP.		8. US EPA ID Number		C. State Transporter's ID		D. Transporter's Phone 319 386-3024	
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 3035 WEST 73RD STREET DAVENPORT IA 52806		10. US EPA ID Number 5-047-01 IAD 098027592		E. State Transporter's ID		F. Transporter's Phone		G. State Facility's ID	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001) (ERG#27) 6.7 LBS./GAL		6 DM		47		G		D001 D039	
b. RQ WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001) (ERG#27) 6.7 LBS./GAL		3 DM		50		G		D001 D039	
c.									
d.									
J. Additional Descriptions for Materials Listed Above I(A) D018 I(B) D018		K. Handling Codes for Wastes Listed Above							
15. Special Handling Instructions and Additional Information 9326 55895346 647494 5-047-01-3360 0508 IF UNDELIVERABLE, RETURN TO GENERATOR FOR RECYCLE EMERGENCY RESPONSE #708-888-4660 24HR. SKDOT# A: 501 B: 585 C: D:									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name Don Biedenbach		Signature <i>Don Biedenbach</i>		Date 6/29/93					
17. Transporter 1 Acknowledgement of Receipt of Materials		Printed/Typed Name KEVIN MARPLE		Signature <i>Kevin Marple</i>		Date 6/29/93			
18. Transporter 2 Acknowledgement of Receipt of Materials		Printed/Typed Name		Signature		Date			
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name <i>James M. Sanner</i>		Signature <i>JMS</i>		Date 06/29/93					

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-94

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

IA0 000819110

Manifest Document No.

01191

2. Page 1
of 1Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

SQUARE D CO
3700 6TH ST SW
CEDAR RAPIDS

IA 52404-8403

A. State Manifest Document Number

B. State Generator's ID

4. Generator's Phone (319) 366-4631

5. Transporter 1 Company Name

SAFETY-KLEEN CORP.

6. US EPA ID Number

ILD 984908202

C. State Transporter's ID

D. Transporter's Phone 319 386-3024

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

SAFETY-KLEEN CORP.
3035 WEST 73RD STREET
DAVENPORT

IA 52806

10. US EPA ID Number

5-047-01

IA0 058027592

G. State Facility's ID

H. Facility's Phone

319 386-3024

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)

HM

a. ☒ WASTE COMBUSTIBLE LIQUID, N.O.S.
(PETROLEUM NAPHTHA) NA1993 PGIII (E001)
(ERG#27) 6.7 LBS./GALb. ☒ RQ WASTE COMBUSTIBLE LIQUID, N.O.S.
(PETROLEUM NAPHTHA) NA1993 PGIII (E001)
(ERG#27) 6.7 LBS./GALc. ☐d. ☐

12. Containers

No.

Type

13. Total
Quantity14. Unit
Wt/Vol

1. Waste No.

6

DM

48

G

D001

D039

3

DM

51

G

D001

D039

J. Additional Descriptions for Materials Listed Above

I(A) D018
I(B) D018

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

9330 56954571 977005 5-047-01-3360 0508
IF UNDELIVERABLE, RETURN TO GENERATOR FOR RECYCLE
EMERGENCY RESPONSE#708-888-4660 24HR.
SKDOT# A: 501 B: 585 C: D:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

RICHARD KELLY

Signature

Richard Kelly

Date

Month Day Year
7 27 93

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

KEVIN MARPLE

Signature

Kevin Marple

Date

Month Day Year
7 27 93

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Dennis M. Shannon

Signature

DMS

Month Day Year

10 27 93

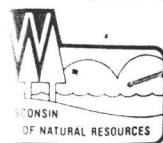
SAFETY-KLEEN CORP.

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. I A D 0 0 0 8 1 9 1 1 0		Manifest Document No. 0 1 / 1 9 2		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.							
3. Generator's Name and Mailing Address SQUARE D COMPANY 3700 Sixth Street SW Cedar Rapids IA 52406						A. State Manifest Document Number									
4. Generator's Phone (319) 365-4631						B. State Generator's ID									
5. Transporter 1 Company Name C.K.C., Incorporated						C. State Transporter's ID									
6. US EPA ID Number C A D 9 8 0 5 8 4 5 1 0						D. Transporter's Phone (408) 627-2595									
7. Transporter 2 Company Name						E. State Transporter's ID									
8. US EPA ID Number						F. Transporter's Phone									
9. Designated Facility Name and Site Address World Resources Company 8113 West Sherman Street Phoenix, Arizona 85043						10. US EPA ID Number A Z D 9 8 0 7 3 5 5 0 0									
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.			
a. RQ, Hazardous waste, solid, n.o.s., (F006), 9, NA3077, 111						992 B A		99992		Y		F006			
b.															
c.															
d.															
J. Additional Descriptions for Materials Listed Above RQ-10						K. Handling Codes for Wastes Listed Above BA = BAGS Y = YARDS 01									
15. Special Handling Instructions and Additional Information *** 24 HOUR EMERGENCY RESPONSE: 1-(800) 424-9300 CHEMTREC *** WEAR GOGGLES AND GLOVES															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.															
Printed/Typed Name RICHARD R KELLY						Signature Richard R Kelly						Month Day Year 10/8/1993			
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name David Bearce						Signature David Bearce		Month Day Year 10/8/1993	
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name RICHARD R KELLY						Signature		Month Day Year	
19. Discrepancy Indication Space															
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.															
Printed/Typed Name NATIVIDAD DIAZ						Signature Natividad Diaz						Month Day Year 10/8/27/93			

Please print or type. (Form designed for use on 6-line (12-pitch) typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. IA 000819110		Manifest Document No. 31625 01/93		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.							
3. Generator's Name and Mailing Address SQUARE D CO 3700 6TH ST SW CEDAR RAPIDS IA 52404-5403						A. State Manifest Document Number									
4. Generator's Phone (319) 365-4631						B. State Generator's ID									
5. Transporter 1 Company Name SAFETY-KLEEN CORP.			6. US EPA ID Number ILL 984908202			C. State Transporter's ID									
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone 319 386-3024									
						E. State Transporter's ID									
						F. Transporter's Phone									
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 3035 WEST 73RD STREET DAVENPORT IA 52806						10. US EPA ID Number 5-047-01									
						G. State Facility's ID									
						H. Facility's Phone 319 386-3024									
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.			
a. WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001) (ERG#27) 6.7 LBS./GAL						006 DM		00045		G		D001 D039			
b. RQ WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001) (ERG#27) 6.7 LBS./GAL						003 DM		00049		G		D001 D039			
c.															
d.															
J. Additional Descriptions for Materials Listed Above I(A) D018 I(B) D018						K. Handling Codes for Wastes Listed Above									
15. Special Handling Instructions and Additional Information 9334 58138926 331625 5-047-01-3360 0508 IF UNDELIVERABLE, RETURN TO GENERATOR FOR RECYCLE EMERGENCY RESPONSE#708-888-4660 24HR. SKDDT# A: 501 B: 585 C: D:															
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.															
Printed/Typed Name RICHARD R KELLY						Signature <i>Richard R Kelly</i>						Date Month Day Year 08/24/93			
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name Kevin Nikolai						Signature <i>Kevin Nikolai</i>		Date Month Day Year 08/24/93	
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name						Signature		Date Month Day Year	
19. Discrepancy Indication Space															
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.															
Printed/Typed Name Dennis M. Sharnon						Signature <i>Dennis M. Sharnon</i>						Date Month/Day Year 08/24/93			



STATE OF WISCONSIN

Chapter 144, Wis. Stats.
Form 4400-66P

Rev. 10-92

State of Wisconsin
Department of Natural Resources
Bureau of Solid and Hazardous Waste Mgt.
Box 8094
Madison, Wisconsin 53708

FOR DNR USE ONLY

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Form Approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. IAD000619110		Manifest Document No. 0111915		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address SQUARE D CO 3700 6TH ST SW CEDAR RAPIDS IA 52406						A. State Manifest Document Number WI J454577							
4. Generator's Phone 319-365-4631 EMERGENCY PHONE 319-365-4631						B. State Generator's ID							
5. Transporter 1 Company Name HYDRITE CHEMICAL CO				6. US EPA ID Number IAT 2000 10593		C. State Transporter's ID							
7. Transporter 2 Company Name <i>Rainbow Light Systems</i>				8. US EPA ID Number <i>1610 988609880</i>		D. Transporter's Phone 319-232-9731							
9. Designated Facility Name and Site Address HYDRITE CHEMICAL CO 114 N. MAIN ST COTTAGE GROVE, WI 53527				10. US EPA ID Number WID 000808824		E. State Transporter's ID							
						F. Transporter's Phone <i>1800-072-819</i>							
						G. State Facility's ID							
						H. Facility's Phone 606-257-1414							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		I. Waste No.	
a. RQ, WASTE FLAMMABLE SOLID, N.O.S. (CONTAINS XYLENE),						1		DM				F 10 10 13	
b. 1 FLAMMABLE SOLID, UN1325, (F003)													
c. WASTE XYLENE (FLAMMABLE (F003) LIQUID UN 1993 UN 1993						2		DM				F 10 10 13	
3 UN1307 PG II													
d.													
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above							
A-B.) D001, D018						DM=DRUM							
15. Special Handling Instructions and Additional Information AUTH#A 105724-G-56554 AUTH#B 1492-G-56553													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations and according to the requirements of the Wisconsin Department of Natural Resources. If I am a large quantity generator, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment;													
OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name & Position Title						Signature				Date Month Day Year <i>10/11/93</i>			
17. TRANSPORTER 1 Acknowledgement of Receipt of Materials										Date Month Day Year 			
Printed/Typed Name & Position Title						Signature				Date Month Day Year 			
18. TRANSPORTER 2 Acknowledgement of Receipt of Materials										Date Month Day Year 			
Printed/Typed Name & Position Title GLENN MCCULLOCH DRIVER						Signature <i>Glenn McCulloch</i>				Date Month Day Year <i>10/19/93</i>			
19. Discrepancy Indication Space													
20. FACILITY OWNER OR OPERATOR: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name & Position Title						Signature				Date Month Day Year <i>10/19/93</i>			
<i>Gerry Payne Wastehouse</i>						<i>Gerry Payne</i>							

5-047-01

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Form Approved. OMB No. 2050-0039. Expires 9-30-94

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

IAD 000819110

Manifest Document No.

01196

2. Page 1
of 1Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

SQUARE D CO
3700 6TH ST SW
CEDAR RAPIDS

IA 52404-5403

4. Generator's Phone (319) 365-4631

A. State Manifest Document Number

B. State Generator's ID

5. Transporter 1 Company Name

SAFETY-KLEEN CORP.

6. US EPA ID Number

ILD 084008202

C. State Transporter's ID

D. Transporter's Phone 319 386-3024

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

SAFETY-KLEEN CORP.
3035 WEST 73RD STREET
DAVENPORT

10. US EPA ID Number

5-047-01

IA 52806

IAD 098027592

G. State Facility's ID

H. Facility's Phone

319 386-3024

11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)

HM

12. Containers
No. Type13. Total
Quantity14. Unit
Wt/Vol

15. Waste No.

a.

X

WASTE COMBUSTIBLE LIQUID, N.O.S.
(PETROLEUM NAPHTHA) NA1993 PGIII(D001)
(ERG#27) 6.7 LBS./GAL

6

DM

49

G

D001

D039

b.

X

RQ WASTE COMBUSTIBLE LIQUID, N.O.S.
(PETROLEUM NAPHTHA) NA1993 PGIII(D001)
(ERG#27) 6.7 LBS./GAL

3

DM

53

G

D001

D039

c.

d.

J. Additional Descriptions for Materials Listed Above

I(A) D018
I(B) D018

K. Handling Codes for Wastes Listed Above

15. Special Handling Instructions and Additional Information

9342 60368156 956173 5-047-01-3360 0508
IF UNDELIVERABLE, RETURN TO GENERATOR. FOR RECYCLE
EMERGENCY RESPONSE#708-888-4660 24HR.

SKDOT# A: 501 B: 585 C: D:

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

RICHARD R KELLY

Signature

RICHARD R KELLY

Date

Month Day Year
10/19/93

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

KEVIN MARPLE

Signature

Kevin Marple

Date

Month Day Year
10/19/93

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year
10/19/93

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Dennis M. Shannon

Signature

DMS

Month Day Year
10/19/93

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
		I A D 0 0 0 8 1 9 1 1 0		0 1 1 9 7					
3. Generator's Name and Mailing Address SQUARE D COMPANY 3700 Sixth Street SW Cedar Rapids IA 52406		4. Generator's Phone (319) 365-4631		5. Transporter 1 Company Name C.K.C., Incorporated		6. US EPA ID Number C A D 9 8 0 5 8 4 5 1 0		A. State Manifest Document Number	
								B. State Generator's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		9. Designated Facility Name and Site Address World Resources Company 8113 West Sherman Street Phoenix, Arizona 85043		10. US EPA ID Number A Z D 9 8 0 7 3 5 5 0 0		C. State Transporter's ID	
								D. Transporter's Phone (408) 627-2595	
								E. State Transporter's ID	
								F. Transporter's Phone	
								G. State Facility's ID	
								H. Facility's Phone (602) 233-9166	
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)		12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		I. Waste No.	
a. HM RQ, Hazardous waste, solid, n.o.s., (F006), 9, NA3077, 111		0 0 2 B A		0 0 2 Y				F006	
b.									
c.									
d.									
J. Additional Descriptions for Materials Listed Above RQ-10		K. Handling Codes for Wastes Listed Above BA = BAGS Y = YARDS 01							
15. Special Handling Instructions and Additional Information *** 24 HOUR EMERGENCY RESPONSE: 1-(800) 424-9300 CHEMTREC *** WEAR GOGGLES AND GLOVES									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name RICHARD R. KELLY		Signature Richard R Kelly		Month Day Year 11/1/69/3					
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name DENNIS PORTNEY		Signature Dennis Portney		Month Day Year 11/1/69/3					
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name		Signature		Month Day Year					
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name PATRICIA DIAZ		Signature Patricia Diaz		Month Day Year 11/1/23/93					

Please print or type. (Form designed for use on 12-pitch typewriter.)

Form Approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. IAD 000819110		Manifest Document No. 01198		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address SQUARE D CO 3700 6TH ST SW CEDAR RAPIDS IA 52404-5403						A. State Manifest Document Number							
4. Generator's Phone (319) 365-4631						B. State Generator's ID							
5. Transporter 1 Company Name SAFETY-KLEEN CORP.				6. US EPA ID Number ILD 984908202		C. State Transporter's ID							
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone 319 386-3024							
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 3035 WEST 73RD STREET DAVENPORT, IA 52806				10. US EPA ID Number S-047-01		E. State Transporter's ID							
				10. US EPA ID Number IAD 098027592		F. Transporter's Phone							
						G. State Facility's ID							
						H. Facility's Phone 319 386-3024							
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. <input checked="" type="checkbox"/> WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001) (ERG#27) 6.7 LBS./GAL						5		38		G		D001 D039	
b. <input checked="" type="checkbox"/> RQ WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001) (ERG#27) 6.7 LBS./GAL						3		52		G		D001 D039	
c.													
d.													
J. Additional Descriptions for Materials Listed Above I(A) D018 I(B) D018						K. Handling Codes for Wastes Listed Above							
15. Special Handling Instructions and Additional Information 9346 61417994 280658 5-047-01-3360 0508 IF UNDELIVERABLE, RETURN TO GENERATOR FOR RECYCLE EMERGENCY RESPONSE#708-888-4660 24HR. SKDOT# A: 501 B: 585 C: D:													
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Printed/Typed Name RICHARD R. KELLY						Signature <i>Richard R. Kelly</i>		Date 11/16/93					
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature <i>Kevin Marple</i>		Date 11/16/93					
18. Transporter 2 Acknowledgement of Receipt of Materials						Signature		Date					
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						Signature <i>Dennis M. Shannon</i>		Date 11/16/93					

5-047-01

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Form Approved. OMB No. 2050-0039. Expires 9-30-94

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. IA 000819110		Manifest Document No. 01199		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address SQUARE D CO 3700 6TH ST SW CEDAR RAPIDS IA 52404-5403						A. State Manifest Document Number							
4. Generator's Phone (319) 365-4631						B. State Generator's ID							
5. Transporter 1 Company Name SAFETY-KLEEN CORP.				6. US EPA ID Number IL 0984908202		C. State Transporter's ID							
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone 319 386-3024							
						E. State Transporter's ID							
						F. Transporter's Phone							
9. Designated Facility Name and Site Address SAFETY-KLEEN CORP. 3035 WEST 73RD STREET DAVENPORT, IA 52806				10. US EPA ID Number 5-047-01 IA 098027592		G. State Facility's ID							
						H. Facility's Phone 319 386-3024							
11. US DOT Description (Including Proper Shipping Name, Hazard Class and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. X WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001) (ERG27) 6.7 LBS./GAL						5 DM		40		G		D001 D039	
b. X RQ WASTE COMBUSTIBLE LIQUID, N.O.S. (PETROLEUM NAPHTHA) NA1993 PGIII (D001) (ERG27) 6.7 LBS/GAL						3 DM		54		G		D001 D039	
c.													
d.													
J. Additional Descriptions for Materials Listed Above I (A) D018 I (B) D018						K. Handling Codes for Wastes Listed Above							
15. Special Handling Instructions and Additional Information 9350 62480892 608295 5-047-01-3360 0508 IF UNDELIVERABLE, RETURN TO GENERATOR FOR RECYCLE EMERGENCY RESPONSE 808-888-4660 24HR. SKDOT# A: 501 B: 585 C: D:													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name James E Jensen						Signature <i>James E Jensen</i>						Date 12/13/93	
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature <i>Kevin Marple</i>						Date 12/13/93	
Printed/Typed Name KEVIN MARPLE													
18. Transporter 2 Acknowledgement of Receipt of Materials						Signature						Date	
Printed/Typed Name													
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name Dennis M. Shannon						Signature <i>Dennis M. Shannon</i>						Date 12/13/93	

EPA Form 8700-22 (Rev. 9-88) previous editions obsolete

90290

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ORIGINAL-RETURN TO GENERATOR

Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment, storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding the burden estimate, including suggestions for reducing this burden, to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

RCRIS HANDLER INFORMATION

This form completed on 12/2/94 (date) by MICHAEL MAY (name of person completing form)
PRC ENI (name of person's employer), TES REPA Contractor.

Instructions for completing form: Completion of all items in BOLDFACE is REQUIRED; completion of other items is optional, subject to the availability of the information.

EPA RCRA ID NUMBER: **IA** IAD000819110

SQUARE D CO

1. NAME OF INSTALLATION 3700 6TH ST SW
CEDAR RAPIDS-IA-52404

2. LOCATION OF INSTALLATION (PHYSICAL ADDRESS, NOT PO BOX OR RURAL ROUTE NUMBER; ADDRESS MUST BE SPECIFIC; IF NECESSARY, INCLUDE DIRECTIONS ON HOW TO FIND THE INSTALLATION)

- EXAMPLES OF UNACCEPTABLE INSTALLATION ADDRESSES ARE: "Box 47," "RR #3," "Curtis Ave," "Hwy 49 West"

- EXAMPLES OF ACCEPTABLE ADDRESSES ARE: "123 Main St," "1 mile west of Hwy 6 on County Road EE," "J 12," "NW corner of Jackson and Jefferson Streets"

STREET ADDRESS: SAME as #1.

CITY/ZIP CODE: _____, **IA** _____

3. INSTALLATION MAILING ADDRESS(IF SAME AS LOCATION ADDRESS, WRITE "SAME"):

STREET ADDRESS: PO Box 3009

CITY/ZIP CODE: CEDAR RAPIDS, **IA** 52406-3069

4. INSTALLATION CONTACT PERSON:

Name: JIM JENSEN

Title: LOSS CONTROL MANAGER

Telephone Number: Area Code (319) 369-6433

Street Address: SAME as #1.

City/Zip Code: _____, **IA** _____

5. OWNERSHIP INFORMATION:

Name of Installation's Legal Owner: SQUARE D INC.

Street Address: EXECUTIVE OFFICES, EXECUTIVE PLAZA, 1415 S.

City/Zip Code: PALATINE, **IL**, **IA** 60067

Telephone Number: Area Code (708) 397-2600

6. RCRA REGULATED ACTIVITY APPARENTLY BEING CONDUCTED AT SITE
(CHECK ALL THAT APPLY)

☒ Hazardous waste generation ☐ Hazardous waste transportation

☐ Conditionally exempt small quantity generator

☐ Transports waste for self only

☒ Small quantity generator

☐ Transports waste for hire

☐ Large quantity generator

☐ Other: (specify) _____

RCRIS data entered

BY

ON

COX AARP/SEE
3/13/97

CO GROUP SNIDER
Roselle
RD

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
CONFIDENTIALITY NOTICE

Facility Name	SQUARE D CO
Facility Address	3700 6TH ST SW CEDAR RAPIDS, IA 52404
Inspector (print)	Title
MICHAEL MAY	ENVIRONMENTAL ENGINEER
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	Date 12/2/94

It is possible that the United States Environmental Protection Agency (EPA) will receive public requests for release of the information obtained during inspection of the facility above. Such requests will be handled by EPA in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the applicable statute under which the information is obtained. EPA is required to make inspection data available in response to FOIA requests, unless the Agency determines that the data contains information entitled to confidential treatment.

Any or all of the information collected by EPA during the inspection may be claimed confidential, if it relates to trade secrets or commercial or financial matters that you consider to be confidential. If you make claims of confidentiality, EPA will disclose the information only to the extent, and by the means of the procedures set forth in the regulations (cited above) governing EPA's treatment of confidential information.

To claim information confidential, you must certify that each claimed item meets all of the following criteria (40 CFR 2.208):

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing special need in a judicial or quasi-judicial proceeding).
3. The information is not publicly available elsewhere.
4. Disclosure of the information would cause substantial harm to your company's competitive position.

In addition, within fifteen (15) calendar days of the claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). This statement should be mailed by registered, return-receipt requested mail to the Inspector at the address listed above. Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

At the completion of the inspection, you will be given a receipt for all materials collected. At that time you may make claims that some or all of the information is confidential and meets the criteria listed above.

U.S.EPA INSPECTION CONFIDENTIALITY NOTICE (cont.)

Facility Name	SQUARE D CO
Facility Address	3700 6TH ST SW CEDAR RAPIDS, IA 52404

If you are not authorized by your company and there is no one on the premises of the facility who is authorized to make confidentiality claims, this notice will be sent by certified mail, along with the receipt for documents, samples, and other materials, to the authorized representative designated below.

Authorized Representative _____
 Title _____
 Address _____

If the authorized representative listed above requests confidential treatment, they must return a statement specifying any information which should receive confidential treatment and written comments in support of the claim based on factors listed in 40 CFR 2.204(e)(4).

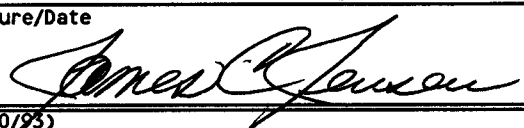
This statement from the authorized representative should be mailed by registered, return-receipt requested mail within fifteen (15) calendar days of receipt of the Confidentiality Notice to the Inspector at the address listed on page 1.

Failure to submit confidentiality claims and comments within the fifteen (15) day period will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

=====

To be completed by the facility official receiving this Notice:

I have received and read this Notice.

Facility Representative Provided Notice (print)	Title
James C Jensen	Loss Control
Signature/Date	
	12/2/94

(rev:1/20/93)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REQUEST FOR CONFIDENTIAL TREATMENT

Facility Name	SQUARE D CO
Facility Address	3700 6TH ST SW CEDAR RAPIDS, IA 52404

Information for which confidential treatment is requested:

NONE CLAIMED

Acknowledgement of Claimant

The undersigned requests that confidential treatment of the information described be provided in accordance with provisions of the Freedom of Information Act (FOIA), 5 U.S.C. 552; EPA regulations issued thereunder, 40 CFR Part 2; and the applicable statute under which the information is obtained. The undersigned further acknowledges that they are authorized to make such claims for their firm.

The undersigned also certifies that each claimed item described above meets all of the following criteria (40 CFR 2.208):

1. Your company has taken measures to protect the confidentiality of the information, and it intends to continue to take such measures.
2. The information is not, and has not been, reasonably obtained without your company's consent by other persons (other than governmental bodies) by use of legitimate means (other than discovery based on showing of special need in a judicial or quasi-judicial proceeding).
3. The information is not publicly available elsewhere.
4. Disclosure of the information would cause substantial harm to your company's competitive position.

In addition, within 15 days of your claim, you must provide written comments in support of the claim, based on factors listed in 40 CFR 2.204(e)(4). Failure to submit comments by this deadline will be deemed a waiver of the claim pursuant to 40 CFR 2.205(d)(1).

Authorized Representative (print)	Signature/Date
JAMES C FENSON	James C Fenson 12/2/94
No confidential treatment claimed during the inspection: <i>JS</i> (Facility Representative's initials)	
Inspector (print)	Signature/Date
MICHAEL MAY	Michael May 12/2/94
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
RECEIPT FOR DOCUMENTS AND SAMPLES

Facility Name	SQUARE D CO
Facility Address	3700 6TH ST SW CEDAR RAPIDS, IA 52404

Documents Collected? YES ☒ (list below) NO ☐

Samples Collected? YES ☐ (list below) NO ☒ Split Samples: YES ☐ NO ☐

Documents/Samples were: 1) Received no charge ☒ 2) Borrowed ☐ 3) Purchased ☐

Amount Paid: \$ Method: Cash ☐ Voucher ☐ To Be Billed ☐

The documents and samples described below were collected in connection with the administration and enforcement of the applicable statute under which the information is obtained.

Receipt for the document(s) and/or sample(s) described below is hereby acknowledged:

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Facility Representative (print)	Signature/Date
James C. Jensen	James C. Jensen 12/2/94
Inspector (print)	Signature/Date
Michelle May	Michelle May 12/2/94
U.S.EPA, Region VII, RCRA/IOWA, 726 Minnesota, Kansas City, KS 66101	